Comments on FCC Proposed Rulemaking
Rural Health Care Support Mechanism
WC Docket No. 02-60
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Submitted by the California Primary Care Association

BACKGROUND

The California Primary Care Association (CPCA) represents a statewide network of almost 600 non-profit community clinics and health centers (CCHCs) and regional clinic consortia. CPCA member clinics deliver primary and preventive health care services to more than 3.1 million people annually, serving primarily uninsured and underserved populations. CCHCs have a strong mission of providing health care services to all individuals regardless of their ability to pay, and provide quality, culturally and linguistically appropriate care.

Our membership includes rural and frontier community clinics that rely on the Universal Service program in order to provide telemedicine services to geographically-isolated individuals. CPCA is submitting these comments to express our concern about how the FCC will define "rural".

A. RECOMMENDATIONS

Definition of rural. The members of the California Primary Care Association recommend that the FCC allow state definitions of rural to determine eligibility for FCC programs. National definitions of "rural" have never accurately captured the large volume of rural regions in California and differences in geographic divisions. For example, some of California's counties are as large as east coast states and therefore, any "rural" definition that relies on the county structure will result in discrepancies. The lack of uniformity in "rural" areas nationally was recognized by the Office of Rural Health Policy in adopting the "Goldsmith Modification" to the definition of "non-metropolitan" county used to define rural by the Office of Management and Budget.

The Rural Urban Commuting Area (RUCA) system recently adopted by the Office of Rural Health Policy is particularly troubling for California's rural communities. Analysis prepared by the California Office of Statewide Health Planning and Development (OSHPD) and the California State Rural Health Association, demonstrates that 84 rural health clinics and rural hospitals would lose their rural designation and thus not be eligible for universal service funding.

In analyzing these areas using the RUCA three factors of urbanization, population density, and daily commuting, most of these rural areas would retain "rural" status if only the urbanization and population density factors were used. Developing a national rural definition by necessity means that criteria and standards must be broad enough to try to address the variety of factors that impact a community's degree of rural. The flaw in the RUCA framework, in our opinion, is it does not take into account individuals who are NOT commuting out of the area: students, seniors, local businesses, public employees, etc. In addition, the commuting measure does not take into account geographic features such as mountain passes that impede travel during bad weather and impact commute patterns. Using a measure of how many individuals are leaving a community to determine its degree of "rural" does not adequately describe the services and resources that are needed to serve the resident population.

To address the shortcomings of national definitions of rural, the California Healthcare Workforce Policy Commission (CHWPC) developed a geographical framework of sub-county units called Medical Service Study Areas (MSSAs). MSSAs are used to define communities within the state as frontier, rural, or urban and to identify them as "underserved" with regards to the distribution of health care resources. MSSAs use census tracts as their building block, do not cross county lines, and are developed through a comprehensive community-input process. OSHPD just completed reviewing all of California's 541 MSSAs based on 2000 Census data.

From the start of this process in 1976, the federal government has shown an interest in this state-driven, sub-county process for identifying health care service areas and data collection. In 1992, when California entered into a Cooperative Agreement with the Health Resources and Service Administration (HRSA), one of HRSA's first initiatives was to recognize MSSAs as "rational service areas" for the purpose of determining federal designations such as Health Professional Shortage Area, Medically Underserved Area, and Medically Underserved Population (HPSA/MUA/MUP). For the past 11 years, HRSA has invested over $2.5 million in developing California's capacity to develop and update MSSA data.

California's MSSA system works well for California, but we would not presume that it would work as well for other states. That is why our recommendation to the FCC is allow organizations to demonstrate they are rural under state definitions of rural that have been recognized by a federal agency. This would acknowledge that states understand the demographics of their region and are closer to the communities that are impacted by these types of definitions. Adding a requirement that a federal government agency recognizes state-defined geographic designations ensures a minimal degree of federal oversight.

If the above described recommendation is not ultimately adopted, please consider the following options:

1) If a state does not have a definition of rural recognized by a federal agency, allow organizations to define themselves as rural using the definitions of any federal program, such as the Office of Rural Health Policy or the US Department of Agriculture. This flexibility will overcome the limitations of a "one-size fits all" approach to rural

definitions and allow the maximum number of rural communities to benefit from this program.

2) If the FCC chooses to develop a single, national definition for its program, then it should develop a process that enables organizations to appeal their exclusion as being rural under the FCC definition by demonstrating they are rural under another federal definition or a state process that has been recognized by a federal agency. Instituting this type of an appeal process will provide maximum opportunity for rural communities to demonstrate that they are rural. The USAC staff should manage this appeal process so it can respond in a timely manner to organizations seeking an appeal.
3) Regardless of which definitions the FCC selects, organizations that are currently eligible for the program should be grandfathered so that existing services are not disrupted.